

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	10/089100
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2	/	/					52	
3		/					53	
4		/					54	
5		/					55	
6		/					56	
7		/					57	
8		/					58	
9		/					59	
10		/					60	
11		/					61	
12		/					62	
13		/					63	
14		/					64	
15		/					65	
16		/					66	
17		/					67	
18	/						68	
19		/					69	
20		/					70	
21		/					71	
22		/					72	
23		/					73	
24		/					74	
25	/						75	
26	/						76	
27	/						77	
28		/					78	
29		/					79	
30	/						80	
31		/					81	
32		/					82	
33		/					83	
34		/					84	
35		/					85	
36	/						86	
37	/						87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	7						TOTAL IND.	
TOTAL DEP.	30						TOTAL DEP.	
TOTAL CLAIMS	37						TOTAL CLAIMS	

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